



**Salt River Pima-Maricopa Indian Community**

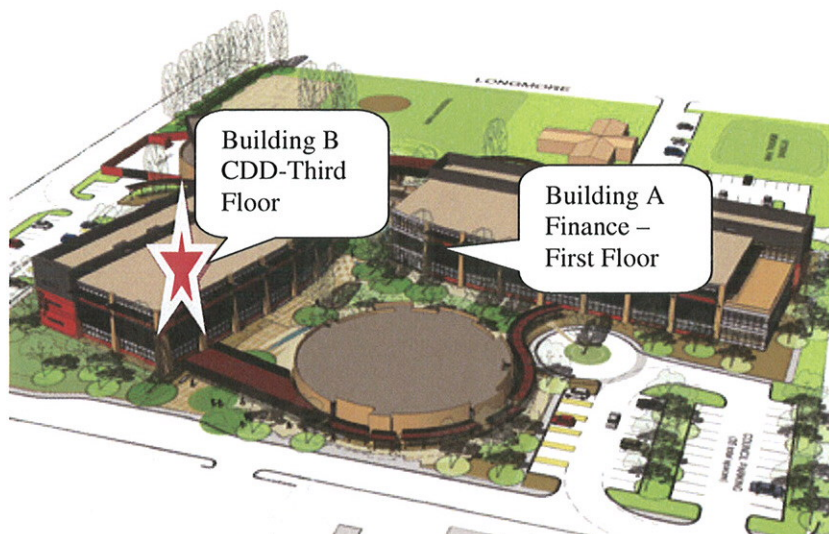
**COMMUNITY DEVELOPMENT DEPARTMENT**

Location - Two Waters Building B Third Floor-10,005 East Osborn Road Scottsdale, AZ 85256

**Ph: 480-362-7600 (Main)**

**"Enhancing Our Future, Protecting Our Past"**

**Business License Application Instructions P. 1 Of 4**



**As of April 6, 2009 the Community Development Department has moved to the new Two Waters Building B.**

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**Business Hours are  
Monday-Friday 8:00am-5:00pm  
(Holidays and Tribal Holidays  
may vary)**

All businesses, including construction contractors, general contractors, subcontractors, etc., must obtain a Business License and Privilege Tax Permit in order to conduct business with the Salt River Pima-Maricopa Indian Community.

If you are a construction business or closely related business please **STOP!** And read **Mandatory information.**

\*All construction workers or anyone performing ground disturbing activities must attend Cultural Sensitivity Training before starting work on the Salt River Pima-Maricopa Indian Community. Please contact Esther Moyah; [esther.moyah@srpmic-nsn.gov](mailto:esther.moyah@srpmic-nsn.gov) or 480 362-7656, for information.

**Fees & Information-**All in person payments must be made at the Finance Department located in Building A. (see above for location). Payments are accepted by Cash, Check, Electronic Payments or Money Order.

**Please make all checks and money orders to:  
Salt River Pima-Maricopa Indian Community**

**Mailing Address-Economic Development Division  
10,005 E. Osborn Rd.  
Scottsdale, AZ 85256**

**First-time applicant fees-** The Business License first time fee is \$75.00 and the Privilege Tax License first time fee is \$20.00, both licenses run calendar year. (January 1 to December 31).

**Renewal Fees-** Business Licenses and the Privilege Tax License must be renewed every year that an applicant continues to conduct business with the SRPMIC. The **renewal fee is \$70.00 total, which covers both your Business License and Privilege Tax License.** Additionally, if there have been any changes made to the business information, such as a change in business name or ownership. You must contact Economic Development Division of these changes to revise your licenses.

**Applicants who are food vendors-** must obtain a Food Permit with the SRPMIC Environmental Health Department. Food Permits may be obtained by contacting Mike Campbell at 480-362-7338.

***For your convenience additional department phone numbers for the Salt River Pima –Maricopa Indian Community are enclosed:***

*\*Treasury Department-* All Tax related questions-(480-362-7678)

*\*Engineering & Construction Services-* Building Permits & Occupancy Permits and all other construction related questions.  
(480-362-7900)

*\*Purchasing Department-* Preferred Vendors Information.  
(480-362-7700)

*\*Community Regulatory Agency-* Vendor Gaming License for Casino Arizona.  
(480-362-5450)

**Please complete all sections of the application and sign it.** Be sure to include your Social Security number **or** Federal Employer ID number, as failure to complete all sections will prolong the process. All incomplete applications will not be processed, or refunded.

Your Business License will be mailed to you within **7 to 10 business days** from the date we receive your payment and application.

Should you have any questions regarding the Business License Application, please contact Juana Fulwilder, Business License Coordinator, at (480) 362-7649 or via e-mail at [juana.fulwilder@srpmic-nsn.gov](mailto:juana.fulwilder@srpmic-nsn.gov).

*Thank you for doing business with the Salt River Pima-Maricopa Indian Community*





SALT RIVER PIMA-MARICOPA  
INDIAN COMMUNITY  
10005 E. Osborn Rd.  
Scottsdale, AZ 85256-8722  
480-362-7649



**Business License Application P.3 Of 4**

**PLEASE COMPLETE ALL SECTIONS**

- ☐ New application \$75.00 ☐ Renewal of licenses \$50.00 Current License # \_\_\_\_\_  
☐ If there are new changes, please note: \_\_\_\_\_

**I. BUSINESS INFORMATION (print clearly or type) ALL FEES ARE NON-REFUNDABLE**

Business Name (Individual, Company, or DBA)		Legal Entity Name	
Start Date with SRPMIC	Business Phone No. ( )	Contact Phone No. ( )	E-mail Address
Federal Tax ID (EIN)	Social Security # (if no EIN)	# of Employees	
Mailing Address	City	State	ZIP Code
Location Address	City	State	ZIP Code
Corporate Address	City	State	ZIP Code
Location Address of where Records are Stored	City	State	ZIP Code
			Phone No. ( )

**II. BUSINESS TYPE (check all that apply)**

Type of Business
<input type="checkbox"/> Retail Sales <input type="checkbox"/> Amusement <input type="checkbox"/> Wholesaler Other: _____ <input type="checkbox"/> Restaurant <input type="checkbox"/> Construction Contracting <input type="checkbox"/> Manufacturer
Describe Nature of Business

**III. BUSINESS OWNERSHIP (for additional names, please attach list)**

SRPMIC Tribal Enrollment # (IF APPLICABLE)	% Community Member Owned		
Name (Owner, Partners, LLC Members, or Officers)	Title		
Home Address	City	State	ZIP Code
Ownership	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC Other: _____		
Print Name	Signature	Title	Date

**For Official Use Only**

Business License # <b>BL -</b> _____	Privilege License # <b>SR</b> _____	Renewal Sticker No: _____	License Year
Amt Received	Payment Applied To: <b>ALL FEES ARE NON-REFUNDABLE</b> <input type="checkbox"/> Annual Renewal Fee \$50.00 <input type="checkbox"/> Application & Business License Fee \$75.00 (NEW) <input type="checkbox"/> Privilege License Fee \$20.00		
File Date	Class: SRO-49-78,II,I _____		

**PLEASE SEE REVERSE SIDE**



## APPLICATION FOR PRIVILEGE TAX LICENSE P.4 of 4

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY  
10005 EAST OSBORN ROAD  
SCOTTSDALE, ARIZONA 85256  
(480) 362-7493

APPLICATION FEE \$20.00 (NON-REFUNDABLE)

OFFICE USE ONLY

MAKE CHECKS PAYABLE TO  
SALT RIVER PIMA MARICOPA-INDIAN COMMUNITY

LICENSE # \_\_\_\_\_

☐ \$20.00 New application ☐ \$20.00 Renewal of license Current License # \_\_\_\_\_

1. BUSINESS NAME OR DBA \_\_\_\_\_ PHONE \_\_\_\_\_

APPLICANT OR CORPORATE NAME \_\_\_\_\_

2. BUSINESS LOCATION \_\_\_\_\_

NUMBER STREET CITY STATE ZIPCODE

3. MAILING ADDRESS \_\_\_\_\_

NUMBER STREET CITY STATE ZIPCODE

4. BUSINESS TYPE: CONTRACTOR ( ) RETAILER ( ) SERVICE ( ) WHOLESALE ( ) OTHER ( )  
INDICATE NATURE OF SERVICE OR PRODUCT OR RENTAL \_\_\_\_\_

5. TYPE OF OWNERSHIP: INDIVIDUAL ( ) PARTNERSHIP ( ) CORPORATION ( )

NAME OF OWNER, PARTNER (S) OR OFFICERS TITLE HOME ADDRESS HOME PHONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. CORPORATE STATUTORY AGENT \_\_\_\_\_ ADDRESS \_\_\_\_\_

7. LOCATION WHERE RECORDS ARE KEPT IF NOT AT BUSINESS \_\_\_\_\_

8. WAS BUSINESS PURCHASED? \_\_\_\_\_ YOUR START DATE AT S.R.P.M.I.C. \_\_\_\_\_

IF PURCHASED, NAME OF FORMER OWNER \_\_\_\_\_ License # \_\_\_\_\_

IF YOU PURCHASED BUSINESS BE SURE ALL TRANSACTION PRIVILEGE TAXES HAVE BEEN PAID BY FORMER OWNER(S). UNDER THE LAW YOU MAY BE LIABLE FOR ANY UNPAID TRANSACTION PRIVILEGE TAXES.

9. DO YOU OWN THE PREMISES WHERE YOU CONDUCT BUSINESS? \_\_\_\_\_

IF NO, LIST NAME AND ADDRESS OF LANDLORD \_\_\_\_\_

IF YES, PLEASE LIST LOCATIONS AND (CITY) PERMIT NUMBER \_\_\_\_\_

10. DO YOU CONDUCT BUSINESS OR RENTALS AT OTHER LOCATIONS WITHIN THE COMMUNITY? \_\_\_\_\_

IF YES, PLEASE LIST LOCATIONS AND PERMIT NUMBERS.

11. DID YOU FORMERLY CONDUCT ANOTHER BUSINESS WITHIN THE COMMUNITY? \_\_\_\_\_

IF YES, PLEASE LIST \_\_\_\_\_

**I HEREBY CERTIFY THAT THE STATEMENTS HEREIN CONTAINED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

DATE \_\_\_\_\_

SIGNATURE OF OWNER, PARTNER, OR OFFICER \_\_\_\_\_

FEDERAL I.D. NUMBER \_\_\_\_\_  
DRIVER'S LICENSE # \_\_\_\_\_

Social Security # (if no EIN) \_\_\_\_\_  
STATE \_\_\_\_\_